

Date: November 28, 2018

FRANK BUSH, SBI#453925D

Northern State Prison

P.O. Box 2300

Newark, New Jersey 07114

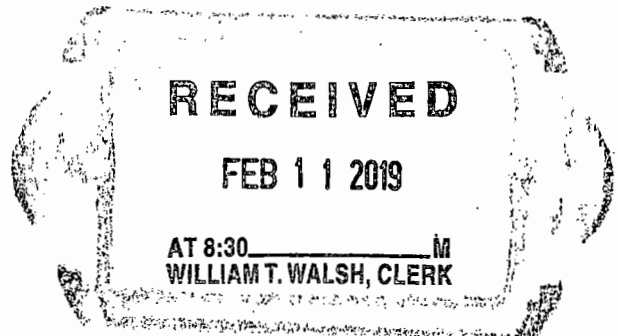
PRO SE

WILLIAM T. WALSH, CLERK

United States District Court

P.O. Box 2997

Camden, New Jersey 08101



RE: AMENDED COMPLAINT- PURSUANT TO RULE 15(A)

FED.R.CIV.P.

BUSH V. MANGROVE, ET AL

CASE NO. 1:18-cv-12910-NLH-AMD

Dear Sir or Madam:

Please find enclosed the original and two copies of defendant's amended complaint, account statement, affidavit of poverty, order and opinion of the court, for filing in your office; and for distribution to Judge Noel L. Hillman, U.S.D.J.

I have complied with the Court's Order and corrected the noted deficiencies. See Exhibit 005 attached. In the process I noticed several other deficiencies and therefore I am filing an amended complaint. All other parties to this action have been served. If you need any additional information please feel free to contact me at the above address.

I appreciate your time in this matter and I thank you for your anticipated cooperation. I look forward to hearing from you soon.

Respectfully Submitted

/s/ Frank Bush
FRANK BUSH

CC:

FRANK BUSH, SBI#453925D

Northern State Prison

P.O. Box 2300

Newark, New Jersey 07114

PRO SE

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
VICINAGE OF NEWARK**

FRANK BUSH

Petitioner,

) UNITED STATES DISTRICT COURT
) DISTRICT OF NEW JERSEY
) VICINAGE OF NEWARK
) CASE NO. 1:18-cv-12910-NLH-AMD

) CIVIL ACTION

vs.

) **AMENDED COMPLAINT FOR DAMAGES
FOR THE DENIAL OF MEDICAL CARE**

**JANE DOE (I), JANE DOE (II)
JANE DOE (III) & JOHN DOE, sued)
in their individual and official
capacities**

Respondent.

) **JURY TRIAL DEMANDED**

.....

COMPLAINT

NATURE OF ACTION

1. This is a civil rights action filed by Frank Bush, a state prisoner, for damages and injunctive relief under 42 U.S.C. 1983, alleging the denial of medical care in violation of the Eight Amendment to the United States Constitution and of the Due Process Clause of the fourteenth Amendment to the Constitution.

2. Plaintiff also alleged the torts of 1. Abuse. 2. Acted as an Accessory. 3. Acted as an Accomplice. 4. Acted as an Advocate for the State, while depriving plaintiffs of his rights. 5.

Collusions. 6. Connivances. 7. Concealments Illegally. 8. Conspiracy. 9. Deceits. 10. Defaults. 11. Discriminations. 12. Duress's 13. Deprived and deceived plaintiffs of due-process rights. 14. Deprived plaintiffs of equal protection of law and rights by frauds. 15. Frauds. 16. False Representations. 17. False Pretenses. 18. Infractions unlawfully. 19. Infringements of plaintiff's rights. 20. Illegal intent. 21. Malfeasances. 22. Malice. 23. Misfeasance's. 24. Misrepresentations. 25. Unlawful Motives. 26. Nonfeasance's. 27. Turpitudes, and 28. Besides the violations of the statutes and rights. . . .

JURISDICTION AND VENUE

3. This Court has jurisdiction over the plaintiff's claim of violation of federal constitutional rights under 42 U.S.C. sec. 1331(a) and 1343.

4. This court has supplemental jurisdiction over the plaintiff's state law tort claims under 28 U.S.C. 1367.

5. Venue is proper in this District pursuant to 28 U.S.C. Sec. 1391.

PARTIES

6. The plaintiff, Frank Bush, was incarcerated at Bayside State Prison Facility in Leesbury, New Jersey and is now housed in Northern State Prison in Newark, New Jersey during the events described in this complaint.

7. Defendant Jane Doe (I) is a medical provider at Bayside State Prison and is generally responsible for ensuring and providing the provision of medical care when a prisoner is in need of medical treatment.

8. Defendant Jane Doe (II) is a medical provider at Northern State Prison and is generally responsible for ensuring and providing the provision of medical care when a prisoner is in need of medical treatment.

9. Defendant Jane Doe (III) is a medical provider at Northern State Prison and is generally responsible for ensuring and providing the provision of medical care when a prisoner is in need of medical treatment.

10. Defendant John Doe (I) is a medical provider at Northern State Prison and is generally responsible for ensuring and providing the provision of medical care when a prisoner is in need of medical treatment.

11.. Defendants are legally responsible, in whole or in part, for ensuring medical provisions at these institutions, as well as for the care and treatment of prisoners residing at these institution.

12. All the defendants have acted, and continue to act, under color of state law at all times relevant to this complaint.

FACTS

13. Plaintiff alleges and re-alleges paragraphs 1 to 12 as paragraphs 1 to 13 of this count, with the same force and effect as if fully set forth herein.

14. In 2017 (exact date presently unknown) while confined at Bayside State Prison defendant's Jane Doe (I) provided a medical evaluation to plaintiff and informed him that he had contracted Hepatitis C, (hereinafter Hep C) and his Hep C levels were so high that he needed immediate treatment.

15. Further, defendant Jane Doe (I) told plaintiff he was lucky to get treatment, because his Hep C levels was so high most inmate in his situation don't get treatment because the cost was \$80,000.00 to \$100,000.00.

16. Approximately one month later Bayside State Prison medical officials sent plaintiff to Southwood State Prison in Bridgeton, New Jersey for an ultra sound to see if his Hep C virus had given him liver cancer.

17. Upon being returned to Bayside State Prison from Southwood State Prison, a few weeks later plaintiff was called to the Medical Department for blood work.

18. On or around October 2017 plaintiff was suddenly transferred to Northern State Prison in Newark, New Jersey and evaluated by defendant John Doe concerning the results of the ultra sound, which was previously conducted at Southwood State Prison, in Bridgeton, New Jersey. Defendant John Doe informed plaintiff that he did not have liver cancer and his liver look to be in good condition, notwithstanding the fact that at this time plaintiff was becoming increasingly sicker and could barely get out of bed by this time.

19. Plaintiff requested defendant John Doe to provide him with Hep C treatment, and defendant John Doe told plaintiff that his Hep C was not bad enough for treatment and in any event the cost was too high.

20. Sometime in 2018 at Northern State Prison defendant Jane Doe (II) called plaintiff to the Medical Department because plaintiff's sister Devon Bush, was writing letters to New Jersey Department of Corrections officials about plaintiff not being provided any treatment for his Hep C virus and perhaps dying as a result.

21. On or around May 23, 2018 plaintiff filed a grievance with medical department at Northern State Prison about not being provided with medical treatment, and yet again nothing was done or has been done. See Exhibit 001.

22. Plaintiff has attached a copy of a response the medical department provided about his treatment, See Exhibits 002.

23. Also, the following documents are attached.

- a) Account Statement, Exhibit 003
- b) Affidavit of Poverty, Exhibit 004
- c) Court Order, Exhibit 005

24. Defendants are legally responsible, in whole or in part, for ensuring adequate and proper medical provisions at New Jersey Department of Corrections, as well as for the care and treatment of persons residing at their institutions.

25. At all relevant times, defendants have acted or failed to act under color of state law.

CLAIM

26. Defendants have failed and are continuing to fail to provide reasonably, proper, and adequate medical care to the plaintiff, and to ensure the reasonable health and safety of plaintiff.

27. Defendants have failed and are continuing to fail to ensure that Hep C medications are prescribed and administered to plaintiff by appropriate qualified professionals in keeping with accepted professional standards.

28. Defendants have failed and are continuing to fail to provide plaintiff with that level of treatment necessary to protect his health, including his right to treatment.

29. Defendants have failed and are continuing to fail to provide a sufficient number of adequately trained staff to render the essential care, treatment, and training, outlined above in paragraphs 1 through 27, as required by the Constitutions of New Jersey and the United States.

30. Defendants have failed and are continuing to fail to maintain professionally based record keeping and record review systems to ensure that plaintiff records contain accurate, up-to-date, and relevant information necessary to enable staff to provide adequate care, and treatment, to plaintiff.

31. Defendants have failed and are continuing to fail to ensure that New Jersey Department of Corrections prisoners are evaluated by appropriate professionals for placement in the most integrated setting and placed in the most integrated setting appropriate to each prisoner Individual needs.

32. Defendants have failed and are continuing to fail to meet the requirements of the Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq., and the regulations promulgated pursuant to the Act, by excluding the plaintiff living within their facilities, by reason of his disability, from participation in or by denying him the benefits of services,

programs, or activities, or by subjecting him to discrimination, and by failing to administer treatment in the most integrated setting appropriate to his needs.

33. The acts and omissions alleged in paragraphs 1 through 32 infringe on plaintiff legal rights and substantive liberty interests and constitute resistance to his full enjoyment of rights, privileges, or immunities secured or protected by the Constitution or laws of New Jersey and the United States, and deprive plaintiff and others of those rights, privileges, or immunities.

34. Unless restrained by this Court, Defendants will continue to engage in the conduct and practices set forth in paragraphs 1 through 33 that deprive plaintiff of rights, privileges, or immunities secured or protected by the laws and Constitution of New Jersey and the United States, and cause irreparable harm to him.

35. Plaintiff alleges and re-alleges paragraphs 1 to 34 as paragraphs 1 to 35 of this count, with the same force and effect as if fully set forth herein.

Frank Bud

PRAYERFOR RELIEF

The plaintiff requests that this Court:

A. Permanently enjoin defendants, their agents, employees, subordinates, successors in office, and all those acting in concert or participation with them from continuing the acts, practices, and omissions at the institutions set forth in paragraphs 11 through 15 of this complaint;

B. Enjoin defendants, their agents, employees, subordinates, successors in office, and all those acting in concert or participation with them to take all actions needed to bring them into compliance with state and federal law and provide constitutional conditions of care to plaintiff.

C. Award plaintiff compensatory, punitive, and exemplary damages.

D. Grant all other relief that is just and proper.

Dated: October 25, 2018

Frank Bud

Form IRSF-100

NEW JERSEY DEPARTMENT OF CORRECTIONS
 (DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

NSP-014604

INMATE GRIEVANCE
 (QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical Dept. Date: 5-23-18
 Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

 INMATE'S NAME (NOMBRE): Frank Bush SBI NUMBER (NUMERO DE SBI): 453925D DATE (FECHA): 6-4-18

 INSTITUTION: N.S.P.
 (INSTITUCION)

 HOUSING UNIT: BIE
 (UNIDAD DE VIVENDA)

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

 TYPE OF GRIEVANCE (Only Check one box)
 TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When):

Since 2017, medical department has been telling me, I'm on the Hep. C. waiting list. It's been over a year and my liver may have early Fibrosis... Again this delay is not helping my condition.

Frank Bush

 PART (PARTE 2): No action taken on this form. DOC Redirection form issued with paragraph(s)# _____ marked.
 [No se tomó ninguna medida en este formulario. Se proveyó el formulario de DOC Redirection Form con el (los) párrafo(s)# _____ indicado(s).]

 CASE NUMBER: 18012458
 (NUMERO DEL CASO) YEAR [AÑO] MONTH [MES] CASE NUMBER [NÚMERO DE CASO]

 RECEIVED BY: _____ DATE FORWARDED TO DEPT: 6/7/18 DEPARTMENT: Mcd
 (RECIBIDO POR) (FECHA EN QUE SE ENVIO AL DEPARTAMENTO) (DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL):

STAFF SIGNATURE (FIRMA DEL PERSONAL)

DATE (FECHA)

 SIGNATURE OF ADMINISTRATIVE DESIGNEE
 (Firma del La Persona Administrativa Correspondiente Designado Por El)

DATE (FECHA)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINADO):

 ADDITIONAL ATTACHMENTS:
 (DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado)

DATE (FECHA)

PART (PARTE 5)

 DATE APPEAL RECEIVED:
 (FECHA EN QUE SE RECIBIO LA APELACION)

 DATE APPEAL RETURNED:
 (FECHA EN QUE SE DEVOLVIO LA APELACION)

 APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR)

DATE (FECHA)

 Distribution: (Original) [Original] Department of Corrections Request / Remedy File Copy [Copia del Archivo de Petición / Remedio del Departamento de Correcciones]
 (Yellow) [Amarillo] Inmate's Copy (Original / and if required Appeal answer) [Copia del Confinado (Original/y si se requiere la Contestacion de Apelación)]
 (Pink) [Rosado] Inmate's Copy [Copia del Confinado]

01/23/2019 15:05
COIPRAS

DEPARTMENT OF CORRECTIONS

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NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 07/01/2018 - 01/23/2019

Exh. 6. x 008

SBI #: 000453925D

Name: BUSH, FRANK J

DOB: 07/23/1984

LOCATION: NSP-NORTH-B1E-205T

INM# 1028838

PED: 12/26/2020

As of Date: 12/26/2020

Max Date: 04/08/2021

LOCATION	SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
BSP	2101 SPENDABLE	0.00	0.00	
BSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
BSP	2103 RELEASE SAVINGS	0.00	0.00	
CRAF	2101 SPENDABLE	0.00	0.00	
CRAF	2102 WORK RELEASE SAVINGS	0.00	0.00	
CRAF	2103 RELEASE SAVINGS	0.00	0.00	
NSP	2101 SPENDABLE	181.94	8.04	
NSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
NSP	2103 RELEASE SAVINGS	0.00	0.00	
SSCF	2101 SPENDABLE	0.00	0.00	
SSCF	2102 WORK RELEASE SAVINGS	0.00	0.00	
SSCF	2103 RELEASE SAVINGS	0.00	0.00	

DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
MEDL	MEDICAL LOAN	06/04/2018 @ NSP	5.00	5.00	0.00	ACTIVE
RXL	PHARMACY LOAN	06/04/2018 @ NSP	4.00	4.00	0.00	ACTIVE
RXL	PHARMACY LOAN	01/02/2017 @ BSP	3.00	3.00	0.00	ACTIVE
COL	COMMISSARY LOAN	05/13/2016 @ BSP	18.79	18.79	0.00	ACTIVE

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	MON140601048I	30.00	30.00	0.00	ACTIVE
CDRC	\$100 CRIMINAL DISP. AND REV. COLLECTION	MON140601048I	6.00	6.00	0.00	ACTIVE
VWAF	\$100 VICTIMS AND WITNESS ADVOCACY FUND	MON140601048I	16.00	16.00	0.00	ACTIVE
VCCBX	>100 VICTIMS OF CRIME COMPENSATION BOARD	MON140601048I	150.00	150.00	0.00	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	MON140601050I	39.00	39.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	MON140601050I	3.00	3.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	MON140601050I	8.00	8.00	0.00	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	MON140601048I	78.00	78.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	MON140601050I	75.00	75.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	MON140601048I	375.00	375.00	0.00	ACTIVE
FS	FINE - STATE	MON140601050I	250.00	0.00	250.00	ACTIVE
FS	FINE - STATE	MON140601048I	500.00	445.25	54.75	ACTIVE
TCF	TRANSACTION COLLECTION FEE	10082017 @SSCF		0.00	UNLIMITED	ACTIVE

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DEPARTMENT OF CORRECTIONS

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COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 07/01/2018 - 01/23/2019

SBI #: 000453925D

Name: BUSH, FRANK J

DOB: 07/23/1984

LOCATION: NSP-NORTH-B1E-205T

INM# 1028838

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #		ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
TCF	TRANSACTION COLLECTION FEE	10172017	@NSP		26.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	05022016	@CRAF		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	05092016	@BSP		50.00	UNLIMITED	ACTIVE

TRANSACTION DESCRIPTIONS 2103 RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
		BEGINNING BALANCE:		0.00

01/23/2019 15:05

DEPARTMENT OF CORRECTIONS

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of

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COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 07/01/2018 - 01/23/2019

SBI #: 000453925D

Name: BUSH, FRANK J

DOB: 07/23/1984

LOCATION: NSP-NORTH-B1E-205T

INM# 1028838

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
BEGINNING BALANCE:					181.94
07/09/2018	NSP	CRS	COMMISSARY SALE - ORD #9176902	(171.18)	10.76
07/13/2018	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 21 @1.30 06/01/2018-06/29/2018	27.30	38.06
07/13/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	23.06
07/13/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	38.06
07/13/2018	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(9.01)	29.05
07/13/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	28.55
07/22/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:88366654	100.00	128.55
07/22/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(10.00)	118.55
07/22/2018	NSP	DED	TRANSACTION FEE FOR TCF	(1.00)	117.55
07/24/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:88421834	40.00	157.55
07/24/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(4.00)	153.55
07/24/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	153.05
07/26/2018	NSP	CRS	COMMISSARY SALE - ORD #9201888	(152.91)	0.14
08/01/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:88727012	50.00	50.14
08/01/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	35.14
08/01/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	50.14
08/01/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(5.00)	45.14
08/01/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	44.64
08/01/2018	NSP	GTL	GTL - PHONE DEBIT PURCHASE-07/26/18	(10.00)	34.64
08/01/2018	NSP	POS	POSTAGE	(3.10)	31.54
08/04/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:88881330	140.00	171.54
08/04/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(14.00)	157.54
08/04/2018	NSP	DED	TRANSACTION FEE FOR TCF	(1.00)	156.54
08/06/2018	NSP	RX	AUTOPAYMENT: RX 02-AUG-18	(1.00)	155.54
08/08/2018	NSP	CRS	COMMISSARY SALE - ORD #9216021	(155.48)	0.06
08/13/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:89244659	20.00	20.06
08/13/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(2.00)	18.06
08/14/2018	NSP	POS	POSTAGE	(3.31)	14.75
08/14/2018	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 21 @1.30 07/02/2018-07/31/2018	27.30	42.05
08/14/2018	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(9.01)	33.04
08/14/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	32.54
08/21/2018	NSP	CRS	COMMISSARY SALE - ORD #9231101	(32.43)	0.11
09/08/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:90312312	40.00	40.11
09/08/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	25.11
09/08/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	40.11
09/08/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(4.00)	36.11

COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 07/01/2018 - 01/23/2019

SBI #: 000453925D Name: BUSH, FRANK J DOB: 07/23/1984
LOCATION: NSP-NORTH-B1E-205T INM# 1028838

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
09/08/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	35.61
09/10/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:90403737	50.00	85.61
09/10/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(5.00)	80.61
09/10/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	80.11
09/10/2018	NSP	RX	AUTOPAYMENT: RX 04-SEP-18	(2.00)	78.11
09/14/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:90535196	90.00	168.11
09/14/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(9.00)	159.11
09/14/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	158.61
09/17/2018	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 23 @1.30 08/01/2018-08/31/2018	29.90	188.51
09/17/2018	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(9.87)	178.64
09/17/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	178.14
09/19/2018	NSP	CRS	COMMISSARY SALE - ORD #9264851	(166.25)	11.89
10/01/2018	NSP	COP	COPIES	(0.10)	11.79
10/02/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:91254116	40.00	51.79
10/02/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	36.79
10/02/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	51.79
10/02/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(4.00)	47.79
10/02/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	47.29
10/10/2018	NSP	CRS	COMMISSARY SALE - ORD #9283254	(33.61)	13.68
10/15/2018	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 19 @1.30 09/03/2018-09/28/2018	24.70	38.38
10/15/2018	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(8.15)	30.23
10/15/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	29.73
10/21/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:92077953	40.00	69.73
10/21/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(4.00)	65.73
10/21/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	65.23
10/22/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:92110265	40.00	105.23
10/22/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(4.00)	101.23
10/22/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	100.73
10/23/2018	NSP	CRS	COMMISSARY SALE - ORD #9301369	(97.30)	3.43
11/01/2018	NSP	COP	COPIES	(0.10)	3.33
11/05/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:92710997	50.00	53.33
11/05/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	38.33
11/05/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	53.33
11/05/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(5.00)	48.33
11/05/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	47.83
11/05/2018	NSP	CRS	COMMISSARY SALE - ORD #9317987	(45.23)	2.60

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NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 07/01/2018 - 01/23/2019

SBI #: 000453925D Name: BUSH, FRANK J DOB: 07/23/1984
 LOCATION: NSP-NORTH-B1E-205T INM#: 1028838

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
11/16/2018	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 22 @1.30 10/01/2018-10/31/2018	28.60	31.20
11/16/2018	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(9.44)	21.76
11/16/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	21.26
11/19/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:93307571	50.00	71.26
11/19/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(5.00)	66.26
11/19/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	65.76
11/21/2018	NSP	CRS	COMMISSARY SALE - ORD #9340254	(65.75)	0.01
12/04/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:93909787	50.00	50.01
12/04/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	35.01
12/04/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	50.01
12/04/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(5.00)	45.01
12/04/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	44.51
12/05/2018	NSP	CRS	COMMISSARY SALE - ORD #9356446	(44.26)	0.25
12/10/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:94204894	60.00	60.25
12/10/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(6.00)	54.25
12/10/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	53.75
12/13/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:94343017	70.00	123.75
12/13/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(7.00)	116.75
12/13/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	116.25
12/16/2018	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:94461633	70.00	186.25
12/16/2018	NSP	DED	DEDUCTION-FS-MON140601048I D	(7.00)	179.25
12/16/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	178.75
12/17/2018	NSP	RX	AUTOPAYMENT: RX 13-DEC-18	(2.00)	176.75
12/17/2018	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 19 @1.30 11/01/2018-11/30/2018	24.70	201.45
12/17/2018	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(8.15)	193.30
12/17/2018	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	192.80
12/17/2018	NSP	CDR	ELLISSA RICHARDSON	(60.00)	132.80
12/20/2018	NSP	CDR	ELLISSA RICHARDSON	(60.00)	72.80
12/20/2018	NSP	CRS	COMMISSARY SALE - ORD #9375129	(52.81)	19.99
01/01/2019	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:95112650	43.00	62.99
01/01/2019	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	47.99
01/01/2019	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	62.99
01/01/2019	NSP	DED	DEDUCTION-FS-MON140601048I D	(4.30)	58.69
01/01/2019	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	58.19
01/08/2019	NSP	CRS	COMMISSARY SALE - ORD #9391308	(52.93)	5.26
01/14/2019	NSP	RXL	PHARMACY LOAN	2.00	7.26

COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 07/01/2018 - 01/23/2019

SBI #: 000453925D Name: BUSH, FRANK J DOB: 07/23/1984
LOCATION: NSP-NORTH-B1E-205T INM# 1028838

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
01/14/2019	NSP	RX	AUTOPAYMENT: RX 09-JAN-19	(2.00)	5.26
01/16/2019	NSP	FPAY	R02 /JAN UN /FPAY /RG:1 20 @1.30 12/03/2018-12/31/2018	26.00	31.26
01/16/2019	NSP	DED	FPAY-DEDUCTION-FS-MON140601048I	(8.58)	22.68
01/16/2019	NSP	DED	FPAY-DEDUCTION-RXL-06042018	(2.00)	20.68
01/16/2019	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	20.18
01/22/2019	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:96019113	60.00	80.18
01/22/2019	NSP	DED	DEDUCTION-FS-MON140601048I D	(6.00)	74.18
01/22/2019	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	73.68
01/23/2019	NSP	CRS	COMMISSARY SALE - ORD #9409229	(65.64)	8.04

TRANSACTION DESCRIPTIONS 2102 WORK RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00

Ref# NSP18012458	Housing: NSP-NORTH-B1E-203T	Date Created: 06/07/2018
ID#: 000453925D	Name: BUSH, FRANK	
Form: Grievance	Subject: Medical	Description: Concerns/Treatment
Urgent: No	Time left: n/a	Status: Closed

Original Form

6/7/2018 3:02:57 PM : (Jacqueline Rivera) wrote

SEE PDF FILE

Communications

6/7/2018 3:02:57 PM : (Jacqueline Rivera) wrote

(This communication was created by Jacqueline Rivera, ID# 21238 on behalf of the inmate.)

6/14/2018 5:01:08 PM : (Gaynor White) wrote

The NJDOC has a protocol for monitoring patients with Hepatitis C. You are currently being monitored according to that protocol and your name is on the treatment waiting list. When there is a treatment spot available, you will be notified.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

Bush

Plaintiff/Petitioner

mangrove et al

Defendant/Respondent

Civil Action No. 1:18-CV-12910-NLH-AMDAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: Northern State Prison

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 15.00, and my take-home pay or wages are: \$ 15.00 per
(specify pay period) _____

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 22.00

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

NO

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

NO

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

NONE

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

NONE

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 1-22-19

Frank Bush

Applicant's signature

Frank Bush

Printed name

Other Orders/Judgments

1:18-cv-12910-NLH-AMD BUSH
v. MANGROVE et al

PLO,PROSE-PR

Exh. 6.x 005

U.S. District Court

District of New Jersey [LIVE]

Notice of Electronic Filing

The following transaction was entered on 10/1/2018 at 12:08 PM EDT and filed on 9/29/2018

Case Name: BUSH v. MANGROVE et al

Case Number: 1:18-cv-12910-NLH-AMD

Filer:

Document Number: 2

Docket Text:

OPINION. Signed by Judge Noel L. Hillman on 9/28/2018. (rss, n.m.)

1:18-cv-12910-NLH-AMD Notice has been electronically mailed to:

1:18-cv-12910-NLH-AMD Notice has been sent by regular U.S. Mail:

FRANK BUSH
453925D
NORTHERN STATE PRISON
168 FRONTAGE RD
P.O. BOX 2300
NEWARK, NJ 07114

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1046708974 [Date=10/1/2018] [FileNumber=11775217-0] [464c264dba608f4592273fe96a84d5161d078b61c2eed63b4003ce51e5641f8569f6f29ddb9d6ec75ce3e16582cd5e2c466cc73edc1b3fa969a51751d36fb4c1]]

Frank Bush # 453925-0
N.S.P
168 Frontage Rd
Newark NJ 07114

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FEB 11 2019

AT 8:30 _____ M
WILLIAM T. WALSH, CLERK

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FEB 11 2019

AT 8:30 _____ M
WILLIAM T. WALSH, CLERK

Willam T. Walsh, Clerk
United States District Court
P.O. Box 2997
Camden New Jersey 08101

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FEB 11 2019

AT 8:30 _____ M
WILLIAM T. WALSH, CLERK

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